STATE OF ARKANSAS Election By Small Business Corporations AR1103 Supplemental Shareholder's Consent Form

Name of Corporation			Federal Employer Identification Number (FEIN)				
Name, Address, City, State and Zip code of each Shareholder.	Shareholder's signature. For this election to be valid, all shareholders must signify consent by signing below.		Shareholder Information				
	Signature	Date	<u> </u>	Ę			Social Security Number or FEIN
			T S T	fam		ج ا	Number or FEIN
			# of Shares or % Owned	Check if family member	Date(s) Acquired	State of Residency	
NOTE: Attach this supple	mental consent form to t	he original AR11	 03 Ele	ction	By Smal	 Busine	ss Corporation form.

Mail completed Form to: Corporation Income Tax Section, P.O.Box 919, Little Rock, AR 72203-0919